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Electronic Filing Cover Sheet

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| | | | Fax Number | : (850)617-0 | 6383 | | RET | 2020 MAY |
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| | | | Account Number | : : 120110000 | 054 | | <u>no</u> | ΡĦ |
| | | | Phone | : (954)335~ | | | | |
| | | | Fax Number | : (954)527- | 9915 | | | 3: 2 |
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Electronic Filing Menu

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Corporate Filing Menu

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 Buchanan Ingersoll + Rooney 4125021041

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: CJUF III FLAGLER LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David A. Pearl, Esq.

Name of Person

Buchanan Ingersoll & Rooney PC

Firm/Company

401 Rest Les Olas Blvd., Suite 2250

Address

PL Lauderdale, Fi. 33301

City/State and Zip Code

david.pcarl@bipc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| David A. Pearl, Esq. | | 954 4(| 68-2306 | | |
|-----------------------|---------------------------|---|--|--|--|
| Nar | ne of Person | | Daytime Telephone Number | | |
| Maillog Add | <u>rei 81</u> | | es Address: | | |
| Registratio | n Section | • | Registration Section | | |
| Division of | Corporations | Div | Division of Corporations | | |
| P.O. Box 6 | • | The | The Centre of Tallahassoc | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| Enclosed la | a check for the following | amount: | | | |
| Statute Filing Fee | 🗆 \$30 Filing Fee & | 🔲 \$55 Filing Fee | & 🖾 \$60 Filing Fee, | | |
| • | Certificate of Status | Certified Copy | Certificate of Status & Certified Copy | | |
| CR2E055 (9/15) | | | | | |

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CIUF III FLAGLER LLC

| Enter new principal office address, if applicable: | | c/o Berkowitz Develo | pment Group | _ |
|--|--|---|--|--------------|
| (Principal office address | 2665 S. Bauchon Dehm. Suite 1200 | - | | |
| MUST BE A STREET ADDRES | 3) | Coconut Grove, FL 3 | 13133 | · |
| Enter new mailing address, if app | licable: | a/o Berkowitz Devalo | opmeni Group | 1 22 |
| (Mailing address MAY BE A POST OFFICE BOX | | 2665 S. Bayshore Dri | ve, Suite 1200 | 2020 HAY |
| MOL PROLIMITYEELSE PVD | 2 | Coconut Grove, FL 3 | | AY - |
| 2. The Florida document number | of this limited lis | ability company is: M | 12000002171 | |
| Jurisdiction of its organization Date authorized to do business SECTION II (5-9 complete only New name of the limited liability | in Florida; <u>Apri</u> the applicable ity company: | il 18, 2012 changes) | ability Company, " "L.L.C.," or "LL | 3:27 |
| (If name unavailable, enter alterni copy of the written consent of the must contain "Limited Liability C | monagens of ma | maging members adop | insecting business in Florida and atte ting the alternate name. The alternate | th a name |
| 6. If amending the registered ager registered agent and/or the new re | and/or register | ed officer address on o ddress here: | our records, <u>onier the name of the na</u> | ĸ |
| Name of New Rogistered Augnit | Buchanan Ingen | soll & Rooney PC, An | n: David A. Pearl, Esq. | |
| New Registered Office Address; | 401 East Las Ol | as Blvd., Suite 2250 | | _ |
| | Ft | En: Lauderdals | ter Florida Street Address | |
| | | Cliy | Florida 33327 Zip Code | |

<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. Buchanan Ingrasoli & Roomey A by

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- 7. If the smendment changes the jurisdiction of organization, indicate new jurisdiction:
- If the amendmont changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Change of mailing address

| Title/ Capacity | Name | Address <u>T</u> | ype of Action |
|-----------------|--|---|---------------|
| AMBR | HM SIX MEMBER LLC | 12000 Bisrayne Blud. Subte 505 | 🗆 Add |
| | | North Miami, FL 3318 | ERemove |
| AMBR | HM SIX MEMBER LLC | c/o Berkowitz Development 2005 J. Bayshoac Peu Suite 1200 | E Add |
| | | Coconst Grove, FL 331 | 33 DRemove |
| | | | 🖸 Add |
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| | | | []Add |
| aforementio | a certificate, if required: no more than ned amendment(s), duly authenticated under the law of which this entity is or | by the official having custody of records in the vanized. | |
| Juistern | Thurd i | 2. Taul Esp Affactury- | Du Act |
| | David A. Poari, Faq., Attorne | of the authorized representative | |
| | | printed name of signee | |
| | Pul | ng Fee: \$15.00 | |
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FAX COVER SHEET

| ТО | SUNBIZLLC |
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| COMPANY FL DEPT OF STATE - DIVISION OF CORPORA | |
| FAXNUMBER | 18506176383 |
| FROM | MikeNatarus |
| DATE | 2020-05-06 22:33:13 GMT |
| RE | SERVICES RBB LLC - AMENDMENT |

COVER MESSAGE

SERVICES RBB LLC - AMENDMENT